

**Septic System Permit**  
**Flathead City-County Health Department**  
**Environmental Health Services**  
1035 1st Avenue West, Kalispell, MT 59901  
Phone: (406) 751-8130 / Fax: (406) 751-8131

**Permit Number** 19-9221-N  
**Site Eval Receipt:** 19-4037  
**Date Issued:** 6-7-19  
**Zone:** 4  
**Date Recorded:** 4/24/2019

1. **Legal Description:** Assr. # 0013842 Tr. # 7  
**Subdiv. Name:**  
**COS #:** 20463-2  
**Name/EQ:** Layton #16-1996  
**Property Address:** 171 WEAVER LN KALISPELL MT 59901

**Sec** 27 **Twp** 29 **Rng** 20  
**Lot:** **Block:**  
**Parcel Size:** 2.036 acres  
**Type:**

2. **Legal Property Owner** Bronson Harker  
**Address and Phone** 104 Jewel Basin Ct. #1, Bigfork, MT 59911

3. **Authorized for:** New **Existing Structure:** **Trench Min. Length:** 80 ft.  
4. **Structure:** Proposed Structure (Conv. Single Family) **Specify:** **Trench Max. Depth:** 30 in.  
5. **System Use:** Individual **Trench Width:** 3.0 ft.  
6. **Occupancy Type:** No. of Bedrooms #: 3 **Other Permits:** **Lineal Footage:** 233 ft. of  
7. **Water Supply:** Individual **Public Supply #:** Standard Rock & Pipe  
8. **Nitrates:** **Source:** WELL **System Type:** PUMP  
9. **Soil Type:** Fine Sandy Loam **How Determined:** Submittal  
10. **Depth to Groundwater Table/Bedrock:** > 80 in. **How Determined:** Submittal  
11. **Classification:** 1 **Septic Tank Size (gal-min):** 1000/500 **Absorption Area (sq ft):** 700  
**Permit Fee:** \$275.00  
12. **Drainfield Orientation:** North-South  
13. **Designed By:** Glacier Precast - JS (Dated 5/6/2019)  
13a. **Special Notes:**

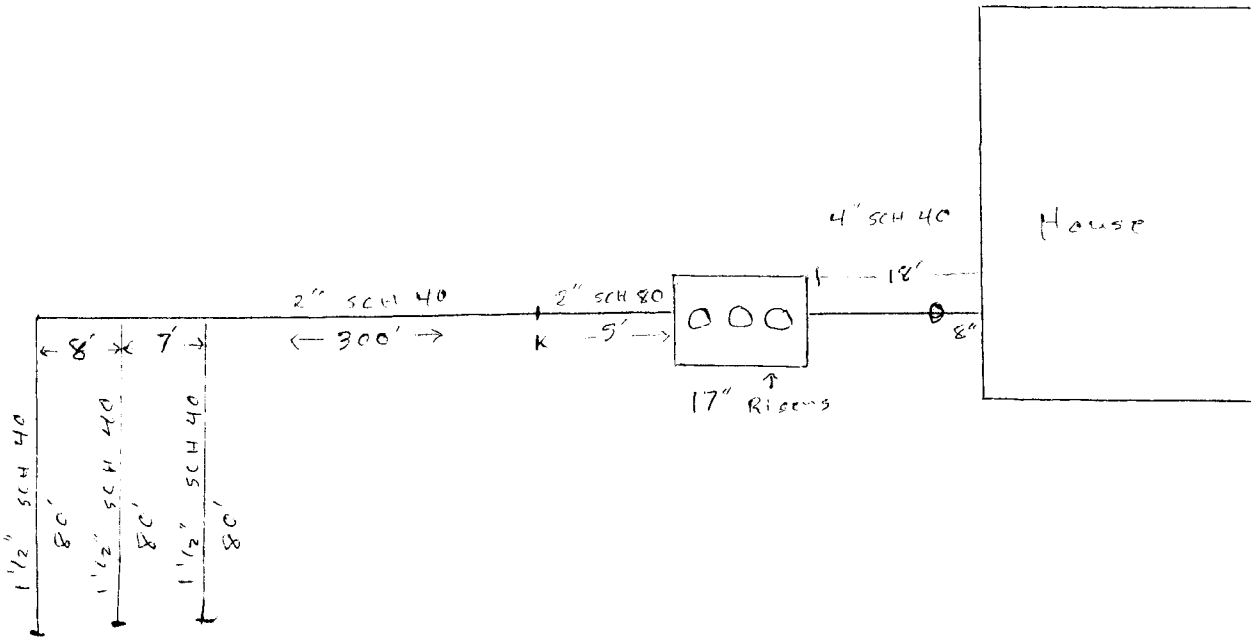
**13b. Standard Requirements:** This system shall be installed in accordance with applicable Flathead City/County Health Department, (FCCHD), regulations, construction standards and the approved design. Any changes from the approved design must be approved by the designer and FCCHD prior to modification of the project. The installer and a representative from FCCHD must be present for the inspection and clear-water pump or siphon test. System shall not be covered or backfilled until specifically authorized by FCCHD. Approved design report and layout sketch are attached.

5/7/2019 Christie Bond, R.S. Christie Bond  
**Date** **Signature Authorizing Approval of Permit**

\* These requirements establish the MINIMUM STANDARDS for this septic system installation. The permit will be voided and declared invalid if the system is not installed within 12 months. The issuance of this permit authorizes construction of the septic system and requires the installation comply with the FLATHEAD COUNTY REGULATIONS FOR SEWAGE TREATMENT SYSTEMS (FCRSTS). The permit will be void if the system is not utilized as intended within three (3) years of installation. The property owner is responsible for operating and maintaining the system in accordance with FCRSTS. Failure to comply with these regulations may result in revocation of this permit. This permit does not constitute a design and does not bind or obligate this office to guarantee the performance of the system. This permit shall be given to the installer prior to construction. The owner shall give 48 hours advance notice for the required inspection of the system. Please call 751-8130.

# Layout

\* Not to scale.



Well  
 > 50' to tank  
 > 100' to drainfield

GPS Location: North 48° 14' 56.6" West 114° 08' 3.3"

Water source developed at time of inspection? YES  NO  Distribution YES  NO

Disapproved/Date \_\_\_\_\_ Comments \_\_\_\_\_

Approved/Date 11-26-19 Comments Glacier 1000/500, Adelaide EP 40. Filter w/ ext. weep - direct to tank. 5/32" orifices @ 5' w/ 6' spaint. Gravel trenches - 1ft deep.

[Signature]  
 Inspectors Signature

Ed Baldi 406-249-4527  
 Name of Installer / Phone